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ABSTRACT

This speech addresses the "What," "Why," and "How" of Brazelton Neonatal Assessment Training for school psychologists. "What" concerns the Brazelton Neonatal Behavioral Assessment Scale, its administration, and what it assesses. Based on the best performance, the infant's score on this scale is scored in the context of six states of consciousness (from deep sleep to wide awake and crying). The scale provides an opportunity to assess neurological integrity, the relative strength and sensitivity of the infant's response modalities, and patterns of interaction with other persons. "Why" concerns the rationale for the test's use by school psychologists. Bonding and attachment between parent and child can be enhanced by using the test to introduce the parents to the child in the first days of life. This aspect of the test is particularly helpful in instances in which the parents are at risk to contribute to failure to thrive as well as in those instances in which the child is at risk. School psychologists trained in this technique can greatly influence the relationship between parent and child and can also participate in intervention research. "How" focuses on suggestions for acquiring training and reliability certification in the administration and interpretation of the scale. While formal courses are available, it is also possible to train oneself with the cooperation of a local hospital and obtain certification through Children's Hospital in Boston, Massachusetts. Once this level of proficiency is attained, the psychologist can share his or her skills by teaching others. (CB)

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Brazelton Neonatal Assessment For

School Psychologists

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What

"The Brazelton Neonatal Behavioral Assessment Scale is a psychological scale for the newborn human infant" (Brazelton, p. 4). The scale itself consists of "27 behavioral items each of which is scored on a nine point scale, and 20 elicted responses each of which is scored on a three point scale" (Brazelton, p. 4). Most, but not all of the scales are set up so the mid-point is the norm. The norm is predicated on the behaviors expected of an average seven plus pound full term (40 week) normal Caucasian infant whose mother has not had more than 100mg of barbiturates and 50mg of other sedative drugs prior to delivery, whose Apgar scores were no less than 7 at 1, 8 at 5, and 8 at 15 minutes after delivery and who had no apparent interuterine difficulties. Because of the discoordination of most infants for 48 hours after birth the third day has been set up as the expected mean (Brazelton, 1973).

The Brazelton Neonatal Behavioral Assessment Scale is unique in several respects. The infant's score on this scale is based on the best performance rather than an average. The examiner is encouraged to repeat tasks whenever there is a suspicion that the infant is capable of a better performance. The examiner is also encouraged to use any manuever available to enhance the infant's concentration and cooperation. The scale is administered and scored in the context

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of "states of consciousness." There are six states of consciousness ranging from deep sleep to wide awake and crying with sufficient vigor as to make it difficult to engage the infant with intervening stimulae.

The scale provides an opportunity to assess the infant's responses to a wide range of stimulation. The infant's use of different states of consciousness, the rapidity with which the infant changes states either calming and habituting in response to stimulation or building to higher levels of distress can be evaluated. The scale provides a thorough assessment of behavioral indicies of neurological integrity by providing an extended sample of motor maturity and symmetry.

Along with these basic neurological indicies the examiner also can determine the relative strength and sensitivity of the infant's response modalities. Tasks tapping visual, auditory, tactile and kinesthetic receptivity are presented and normatively evaluated. An unusual area of assessment which may prove of great consequence in advising the parents of the infant assessed by this scale is that of patterns of interaction with other persons. Individual styles of approaching, avoiding and otherwise coping are frequently revealed during a Brazelton Neonatal Behavioral Assessment.

Why

Many states and individual school districts within states have assumed responsibility for meeting the educational needs of children,

birth to 21. In those instances where 3-21 is still the norm, evidence is increasingly mounting that waiting until three years of age is too late, if not too little for meaningful intervention. The earlier we intervene in a child's life the more the question is raised as to what proportion of a child's learning potential is due to nature and what proportion is due to nurture. This early assessment technique will not answer the question. Evidence continues to mount that the child is greatly influenced by its environment interutero. By utilizing this early assessment, we do get an opportunity to capitalize on the earliest skills and potentials of the child. One of the most telling influences in the lives of children "who fail to thrive for other than medical reasons is the rejection they suffer because of their inability to meet the expectations of their parents" (Brazelton, p. 1). Much of this potential mismatch can be avoided if the parents can be thoroughly introduced to their child during the first few days of its new life.

Attachment and bonding are not phenomena akin to the application of super glue. They are dynamic processes which occur in the context of expectation and experience. Expectations can be shaped and experience can be fated by the demonstration of infant abilities and strengths. Parents, alerted early to their child's particular cluster of learning strengths will find interaction through these prescribed modalities rewarding and fulfilling.

The Brazelton Scale does a nice job of demonstrating to fathers in particular that their children can be handled and are not the fragile miniatures that they appear. Demonstrations of the visual and auditory attending abilities of infants influence the early interactions of parent and child. Parents alerted to their infant's capacities to visually track, auditorily attend and otherwise interact are more likely to actively engage their child in these activities thus strengthening these responses.

Parents alerted to their child's hair trigger arousal response and having had techniques for calming and quieting demonstrated are more likely to view their child's outbursts as part of their personality rather than orneriness. In contrast, a calm, self quieting child is less likely to be ignored and left to vegetate in his crib if the parents have been alerted to his learning abilities and challenged to meet his capacities. School psychologists should become involved with infants in their districts because they can greatly shape and influence the early parent child interaction.

Another reason for school psychologists to learn and use the Brazelton Technique is a direct outgrowth of the preceeding statement. There is a very real need for good research on the impact of early intervention on the learning potential of children. School psychologists with their research skills are prime candidates for this endeavor. Parents of children who have already been enrolled in early education stimulation programs would form a pool of parents who could be pursuaded to participate in a study as new children are born into the

family. Neonatal assessment and prescription, neonatal assessment with prescription and follow-up and a follow-up only group all of which were compared to older siblings would form the basis for a strong study. Public relations and increased advanced awareness of educational needs in the districts are potential positive outgrowths of such an approach.

How

One excellent source of training for school psychologists in the Brazelton Neonatal Behavioral Assessment Technique would be to come to the University of Wisconsin-Stout at Menonomie, Wisconsin, Department of Counseling and Psychological Services. However, since most readers probably are not located in easy commuting distance, a more plausible alternative would be to contact the Education Development Center, 39 Chapel Street, Newton, Massachusetts, to obtain through purchase or rental the three training films on the Brazelton Scale. Check with larger hospitals in your home area to find a qualified pediatric nurse practitioner or physician to observe administering the scale. Prevail upon them to watch you give an assessment. Make an arrangement through the pediatric review committee of your local hospital to obtain permission to request mothers in the nursery to grant you permission to practice with their newborns. Stir up your courage and go assess babies. When you've done at least 40 babies (20 for pediatricians or pediatric nurses) present yourself to the Child Development Unit, Children's Hospital Medical Center, Boston, Massachusetts, 02115, to obtain certification

of reliability with the scale. This is threatening but not otherwise painful process. Once you have obtained this level of proficiency you are ready to share your knowledge. The writer has identified nurses, school psychologists, elementary counselors and early infant stimulation specialists eager and receptive persons to be trained in this skill. Parents are open and receptive observers. Over the past three years since this writer began work in his local area, he has continued to receive feedback from parents who feel that their relationships with their children have been positively affected and continue to receive requests to form classes for training. This writer teachs the two credit graduate-undergraduate course in the education unit and nursery of Luther Hospital in Eau Claire, Wisconsin. Class size is limited to 20 students, enrollment with instructor's permission. The hospital staff has provided this instructor with outstanding cooperation.

References

Brazelton, T.B. (1973) Neonatal Behavioral Assessment Scale. Philadelphia, PA: J.B. Lippincott Co.

ABSTRACT:

Brazelton Neonatal Assessment
for School Psychologists

This speech given at the NASP Convention in Philadelphia, April 1984, addresses the questions what, why and how of Brazelton Neonatal Assessment Training for school psychologists. What: a description of the scale, its administration and what it assesses. Why: a rationale for its use by school psychologists for early intervention projects and suggestions for research. How: suggestions for acquiring training and reliability certification in the administration and interpretation of the scale. The thrust of the presentation is toward the use of this device to effect enhanced attachment and bonding between parent and child in instances where the parents are at risk to contribute to failure to thrive as well as those instances where the child is at risk.